

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015928

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 581 Primary Registration District No. 908 P Registrar's No. 7P

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 7 1962

VS 300  
Rev. 4/59

10585

20585

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122-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Pershing Memorial</u>		d. STREET ADDRESS <u>223 East Wood</u>	
3. NAME OF DECEASED (Type or print) <u>EMMA JANE MANLOVE</u>		4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/19/1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>department stores</u>	11. BIRTHPLACE (City and state or country) <u>Joliet, Indiana</u>
13a. FATHER'S NAME <u>George J. Manlove</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Carrall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxemia</u> DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertension and arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		14. NAME OF HUSBAND OR WIFE <u>none</u> 17. INFORMANT <u>May Brown</u> Address <u>Brookfield, Mo.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>7 hrs</u> <u>12 hrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>11:20</u> a.m. <u>11:20</u> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from <u>8-5-58</u> to <u>4-24-62</u> and last saw her alive on <u>4-20-62</u> Death occurred at <u>11:20 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>BB Enoch</u>		22b. ADDRESS <u>Brookfield Mo</u>	
22c. DATE SIGNED <u>4-25-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 27, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Siloam Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Chariton County, Missouri</u>
24. FUNERAL DIRECTOR <u>Nice Funeral Home, Brookfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 8 1962

MAY 23 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.